

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board
CONSENT TO SUITS AND SERVICE OF PROCESS FORM
No Fee Required

TO BE EXECUTED BY NON-RESIDENT REAL ESTATE LICENSEES

Legal Name _____
First Middle Last Generation
(SR, JR, III)

Professional Name (if applicable) _____
Enter any professional name to be used along with the legal name entered above.

Social Security Number - -

Individual's (10-digit) Virginia Real Estate License Number _____

Concurrent Broker (10-digit) Virginia License Number(s) _____

Home Street Address (no PO Box) _____

City, State, Zip Code _____

Pursuant to §54.1-2111 of the *Code of Virginia*, as a Virginia Real Estate License holder no longer residing in Virginia, I understand that this document serves as a written power of attorney, whereby I appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be my true and lawful agent and attorney-in-fact, in my stead, upon whom all legal process against and notice to me may be served and who is hereby authorized to enter an appearance in my behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this form I hereby agree that any lawful process against me which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon me.

Signature _____ Date _____